

AP2020 Docket No. 60437506

Application Data Sheet**Application Information**

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: PROTECTION OF SURFACES AGAINST
CAVITATION EROSION
Attorney Docket Number:: 2004P03943WOUS
Request for Early No
Publication?::
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets::
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent No
Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: AUSTRIA
Status:: Full Capacity
Given Name:: KNUD
Middle Name::
Family Name:: THOMSEN
City of Residence:: KOBLENZ
State or Province of Residence::
Country of Residence:: SWITZERLAND
Street of Mailing Address:: LENGGSTRASSE 7
City of Mailing Address:: KOBLENZ
State or Province of Mailing Address::
Country of Mailing Address:: SWITZERLAND
Postal or Zip Code of Mailing Address:: 5322

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name::
Middle Name::
Family Name::
City of Residence::
State or Province of Residence::
Country of Residence:: GERMANY
Street of Mailing Address::

City of Mailing Address::
State or Province of Mailing Address::
Country of Mailing Address:: GERMANY
Postal or Zip Code of Mailing Address:: 36199

Correspondence Information

Correspondence Customer Number:: 28204

Representative Information

Representative Customer Number::	28204
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP2004/009160	08/16/2004
This application	An application claiming the benefit under 35 USC 119(e)	60/542,292	02/09/2004

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignment Information

Assignee Name:: PAUL SCHERRER INSTITUT

Street of Mailing Address::

City of Mailing Address:: VILLIGEN

State or Province of Mailing Address::

Country of Mailing Address:: SWITZERLAND

Postal or Zip Code of Mailing Address:: 5232